

TERMS OF REFERENCE FOR THE EXTERNAL EVALUATION OF THE MATERNAL/CHILD HEALTH AND PSYCHOSOCIAL PROJECT FOR THE CONFLICT AFFECTED COMMUNITIES OF THE EASTERN PROVINCE OF SRI LANKA 2002 – 2004

1. Background

Tdh has been working in Sri Lanka since 1978. Most of the projects are now run by local partners. In the Eastern Province of the country, Tdh continues to support a psychosocial programme together with two local organizations, Koinonia and Batticaloa Befrienders. The collaboration, in the form of pre schools and therapeutic play activities, started in 1993 and is aiming at helping children from conflict-affected families

Meanwhile, in August 2000, the Tdh delegate in Sri Lanka warned the home office in Switzerland of the growing need for basic health assistance in the Eastern Province where Tdh has had an educational accompaniment programme in the war zones of Sri Lanka. In November, the military conflict sharply escalated in the Wannai and Jaffna zones with concomitant ripple effects in the east. The Batticaloa – Ampara region saw what appeared to be a massive increase in health and nutritional needs among the population, and in particular those in the 6 IDP camps⁶⁵ and in the Uncleared Areas. In part, these needs reflected an overall worsening of socio-economic conditions; but a notable decrease in International NGO health and other humanitarian activities played an equally important role. These important decreases in INGO activities were due to both a re-deployment toward the north, and to poor donor response to major appeals and consequent downsizing of various INGO programmes.

2. Factors which weighed in favor of our choice of projects in 2002

There were several strong arguments militating in favor of our choices.

- a.) The glaring needs of the populations in the concerned sectors in both mother and child health and psychosocial care⁶⁶;
- b.) Tdh's past projects had benefited from the high esteem of all Stakeholders, major and minor :
 - the communities, organised as Community-Based Organisations (CBO's), had cooperated among themselves and with Tdh and its partners⁶⁷ in creating gender-sensitive psychosocial programmes;
 - both warring factions had permitted Tdh reasonable access to the affected populations;
- c.) In the previous phase (up to 2001), Tdh counterpart personnel had been identified and had benefited from an intensive cycle of institution-building measures. As a result, they were credible local NGO's in the area of community training and organisation. The key elements of the project cycle – planning, monitoring and evaluation – had been learned;

⁶⁵ 3 in Batticaloa, 3 in Ampara Districts

⁶⁶ See : Brenda Jenkins, "PNA Reports for Batticaloa and Ampara September-October 2001," Tdh.

⁶⁷ Primarily Koinonia and Batticaloa Befrienders

- d.) An in-depth knowledge of the physical and socio-political geography of the project area was an indispensable factor in the present programme's- as well as in the future programme's – success. A strengthening of the INGO network would complement the fine work already carried out with the local NGO's and CBO's.
- e.) Approval by SDC/HA of this 3-year project, with the stipulation that the overall project would be externally evaluated toward the end of the cycle.

3 Specific problems which were to be addressed

The project would, complementary to governmental health services and NGOs present in the curative health sector, cover 4 essential MCH interventions.

- ❑ Safe delivery for pregnant mothers and minimum care of the newborn baby
- ❑ Exclusive breastfeeding for 4 months (encouraged to 6 months), Complementary feeding practices and child nutrition
- ❑ Adequate care and management of the sick child
- ❑ Provision of safe drinking water

The expected objective of these interventions was to be a considerably improved health status among pregnant women, lactating mothers, newborn babies and children up to 2 years. Infant mortality and morbidity among the target population would be reduced.

4 Local resources, potentials and stakeholders

Unlike other projects in the Asia zone, Tdh was a major factor in the implementation of the project. This was due to the weak state of local ngo's, Koinonia and Batticaloa Befrienders, in the Tamil area around Batticaloa. Measures have been taken to reinforce their institutional development.

In Sinhalese Ampara, Sewa Lanka has been the prominent implementing agent in the water and sanitation field. It is a mature and well-structured organization.

The Ministry of Health (MOH), finally, is the long term carrier for health services. Its role is and will remain essential in the search for a sustainable health care system.

5 Justification of the evaluation

Contractually, Tdh is obliged to undertake an external evaluation toward the end of the project cycle, i.e. at some time in 2004.

Furthermore, Tdh has a stake in undertaking such an exercise so as to assess the validity of the objective, as well as to evaluate the pertinence of its action in reaching the objective.

6. AIM AND SCOPE OF THE PRESENT EVALUATION

7. 6.1 Aim of the evaluation

	The aim of the evaluation is to assess the measure of success in reaching the project objectives :
Objective	Improved health status among pregnant women, lactating mothers, newborn babies and children up to 3 years, by providing access and services according to the minimum package as defined by UNICEF/WHO.
	And in achieving the specific results referred to in the logical framework analysis

Results (Health component)	
I	Antenatal Care Health and well being of all pregnant mothers and unborn children through 5 minim interventions. These are: 4 antenatal care visits, tetanus toxoid immunization, iron and identification of high risk pregnancies and nutrition education.
II	Safe Delivery Pregnant women of target area deliver their baby by a skilled trained assistant and the baby and mother get appropriate care immediately after delivery.
III	Exclusive breastfeeding and appropriate weaning Children are protected from infectious diseases and are wellnourished up to 24 months
IV	Appropriate management and care of the sick child Children who become ill can be cared for correctly in the home and are referred to a before complications arise
VI	Water The population in target area has access to clean drinking water at community-managed village level.

Children and Families Community Based Rehabilitation Project	
	Goal (development objective) by 2004
To contribute to the establishment of a more harmonious society primarily in the Batticaloa District with a participatory approach	
	Objective by 2004
Objective	Children up to 14 years old will be better prepared to become active citizens of their communities, while integrated into the community and the educational system with psychosocial support.
	Results (Psychosocial component)
I	Pre -schools: More children are enrolled into governmental schools. - Improved nutritional status of the beneficiaries of the pre-school - Im-
II	Play activities: - The play activities will allow more children to develop their talents and competence, which will help them to contribute to a more harmonious society
III	Integration of disabled children: - The number of children who are socially integrated, through activities and family counselling is improved
IV	Networking: - The establishment of an active network among CBO's, NGOs and the government that leads to improved complementary services in the area of trauma counselling, special healthcare and nutrition
V	Sustainability: - By 2004, autonomy and sustainability of the projects is improved

6.2 Scope of the evaluation

The scope of the present evaluation should cover the following:

6.2.1 Programme structure

- Role and function of Tdh Delegation's Project Office in Batticaloa
- Role and function of Tdh's implementing partners

6.2.2 Programme activities

- The project's activities in the light of government policies with regard to Maternal and child health
- The project's activities in the light of technical assistance, training and capacity building provided by Tdh
- Comparisons with similar programmes in the region/nation

6.3 Specific objectives

Assess the effectiveness, efficiency, impact and sustainability of the project supported by Tdh, focusing on:

- Pertinence/relevance of in the respective project areas
- Continuum of services and follow-through activities
- Degree of project integration within the community
- Impact of project activities on beneficiaries
- Perception of services received by the beneficiaries
- Approach, methodology and quality of services
- Strengths, weaknesses, opportunities and threats (SWOT)
- Human resources management and development
- PCM (e.g. planning, monitoring and evaluation tools and systems)
- Quality of reporting
- Expression of vision for coherent project/programme evolution
 - Assess the capacity of Tdh and its partners with regard to networking, policy dialogue and advocacy.

7. METHODOLOGY

In principle, the team of evaluators will be free to elaborate their own methodological tools. However, the evaluation should comprise:

- a review of the most recent Government/LTTE decisions and/or regulations with regard to CEDC, in particular street children
- a review of the relevant project and sectoral documents
- collaboration with SDC's representative office in Jaffna/Colombo.

More precisely different field visit should take place:

1. In Batticaloa :